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Guy MILLER

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REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

		Examiner Name	P. Spivack	
		Attorney Docket Number	346392001500	
Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450				
Alexandria, VA 22313-1450 I hereby apply to withdraw as attorney or agent for the above identified patent application the reasons for this request are: This request is being made at the request of Galileo Pharmaceuticals, Inc. CORRESPONDENCE ADDRESS				
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X This request is made on behalf of myself and				
x all the attorneys/agents of record.				
the attorneys/agents (with registration numbers) listed on the attached paper(s), or				
the attorneys/agents associated with Customer Number				
This request is enclosed in triplicate (including any attachments).				
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Date 12 09/03/				
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.				
Dated: 12/9/03 Signature: 11. (Than T. Pham)				